MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 120-a

CERTIFICATE OF DEATH

07642

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural, near Altamont, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural, near Altamont, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marvin Grant Boyce

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1938

8. AGE:

Years	Months	Days	If less than one day
2	3	22	hrs. min.

9. Birthplace Deer Park, Garrett County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Trevor Boyce
13. Birthplace W. Va.

MOTHER
14. Maiden name Hilda Iman
15. Birthplace W. Va.

16. Informant Trevor Boyce
Address Altamont, Md.

17. Burial Date thereof July 10, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Deer Park Cemetery
Location Maryland

18. Funeral director Emroy Bolden
Address Oakland, Md.

19. July 12, 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead at time of examination. 19
and that I last saw h alive on 19

Immediate cause of death (1) Gastro Intestinal disturbance of undisclosed origin or (2) Meningitis of unknown etiology. DURATION 24 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edwin Baumgartner M.D.
M. D. or other
Address Oakland, Md. Date signed 7/9/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 162 — 17643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garret

City or town Rural Near Jennings
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Forty Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Garett

City or town Rural Near Jennings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(e) IF YETERAN, NAME WAR

3. (a) FULL NAME Lottie Florence Butler

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Hampton Butler

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) August 11, 1877

8. AGE:

Years	Months	Days	If less than one day
62	10	30	hrs. min.

9. Birthplace Petersburg, W. Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Samuel A. Groves
13. Birthplace Petersburg, W. Va.

MOTHER
14. Maiden name Mary E. Duckworth
15. Birthplace Firm Rock, Garrett Co. Md.

16. Informant Hampton Butler

Address R.D. Grantsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1940 (month) (day) (year)

Cemetery or crematory Grantsville Cemetery

Location Grantsville, Md.

18. Funeral director Allen White

Address Grantsville, Md.

19. July 11, 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from was not under 19 to 19 and that I last saw h alive on my care. See note

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 minutes
Due to Left otitis media.	1 wk.
Due to Erysipelas	1 mo.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. C. Diehl, M.D.
M. D. or other

Address Frostburg, Md Date signed 7/10/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

07644

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Mt. Lake Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ---
Stay in hospital or inst. (yrs., or mos., or days): ----
Stay in this community (yrs., or mos., or days): 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: W. Va. County: Ohio.
City or town: Wheeling Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Orchard St.; Woodsdale
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ----

3. (a) FULL NAME: Anna Persis (Stone) Jones

3. (b) Social Security Number: ----

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Henry F. Jones
6(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): Nov. 20, 1853

8. AGE: Years	Months	Days	If less than one day
86	7	26	---- hrs. ---- min.

9. Birthplace: Wheeling, W. Va. (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business: Own Home

FATHER
12. Name: E. J. Stone
13. Birthplace: Endfield, Mass.

MOTHER
14. Maiden name: Elizabeth Thomas
15. Birthplace: Belmont Co., Ohio.

16. Informant: Wilbur S. Jones
Address: Wheeling, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19, 1940 (month) (day) (year)
Cemetery or crematory: Greenwood Cemetery
Location: Wheeling, W. Va.
18. Funeral director: Herbert C. Leighton
Address: Oakland, Maryland.

19. July 18 1940 (Date rec'd by registrar) Willis Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16, 1940, at 1:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940 to July 16 1940 and that I last saw her alive on July 16 1940

Immediate cause of death: Coronary Occlusion — DURATION
Due to: Arteriosclerosis.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. E. Mann. M.D. (M. D. or other)
Address: Oakland. Md. Date signed 7-17-40

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AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07645

Reg. Dist. No. 166

1. PLACE OF DEATH:
County: Garrett
City or town: Crellin, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Six years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Crellin, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Stella Jordan.

3. (b) Social Security Number: N o.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Luther Jordan.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 23 1884

8. AGE:

Years	Months	Days	If less than one day
56	8	5	hrs. min.

9. Birthplace: Cumberland.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Frank Miller
13. Birthplace: Sleepycreek Md.

MOTHER
14. Maiden name: Minnie Croffis
15. Birthplace: Cumberland.

16. Informant: Luther Jordan.
Address: Crellin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6th 1940 (month) (day) (year)
Cemetery or crematory: Terra Alta, W. Va.
Location: Terra Alta, W. Va.

18. Funeral director: Emroy D. Bolden.
Address: O akland, Md.

July 5 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1940, at [illegible]

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940, to July 3 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Pulmonary Edema	
Due to Acute Myocardial failure	
Due to Probably coronary thrombosis C.V.S.R.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: G. E. Mance, M.D. M. D. or other
Address: Oakland, Md. Date signed 7-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 8 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61) CB

07646

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Mt. Lake Park. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Va. County Marion.

City or town Fairmont, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. L ocust Ave,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jessie G rove Manley.

3. (b) Social Security Number No

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Charles E. Manley.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 23, 1858.

8. AGE: Years 91 | Months 8 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace: Mount A iry, Maryland. (Town, county, and state)

10. Usual occupation: House wife.

11. Industry or business

FATHER

12. Name: Martin Grove.

13. Birthplace: Mt. Airy, Md.

MOTHER

14. Maiden name: Margaret Harn,

15. Birthplace: M t. Airy, Md.

16. Informant: Mrs. M . C. Clayton.

Address: M t. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5th, 1940 (month) (day) (year)

Cemetery or crematory: Woodlawn Cem.

Location: Fairmont, W. Va.

18. Funeral director: Emroy Bolden

Address: Oakland Md

19. July 23, 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2d, 1940 at 8:00 A.m; M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22nd 1940, to July 2 1940, and that I last saw her alive on July 1st 1940.

Immediate cause of death: Degeneration of Reeth.

Due to: Diabetes Mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. C. Hinebaugh M. D. or other

Address Oakland Date signed July 2nd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

07647

CERTIFICATE OF DEATH

Reg. Dist. No. 164

1. PLACE OF DEATH
County Garrett, Md
City or town Accident
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Pyle
3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widdowed
6 (b) Name of husband or wife Samuel Pyle
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 27-1863
8. AGE: Years 77 Months 2 Days 26 If less than one day hrs. min.
9. Birthplace Pa (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name David Pletcher
13. Birthplace Pa
MOTHER 14. Maiden name Susan Ohler
15. Birthplace Pa
16. Informant Samuel Pyle
Address Confluence Pa
17. (Burial, ~~cremation~~, or removal. Which?) Date thereof 7-25-1940 (month) (day) (year)
Cemetery ~~or crematory~~ Skullton Pa
Location
18. Funeral director W. W. Savage
Address Friendsville Md
19. July 25 19 (Date rec'd by registrar) A J Richter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 10:00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to July 23 1940 and that I last saw her alive on July 16 1940.
Immediate cause of death Cerebral Haemorrhage — DURATION 7 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. R. Davis M.D. M. D. or other
Address Grantsville Md Date signed July 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1940
U. S.

07648

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Garrett Registration Dist. No. 167

Village or City Kempton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant Raines If U. S. Veteran, specify WAR

(a) Residence: No. Kempton W. Va. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) 7-26-40

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
Still born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kempton W. Va. (State or country) Md.

FATHER

13. NAME Alfred R. Raines

14. BIRTHPLACE (city or town) Thomas (State or country) W. Va.

MOTHER

15. MAIDEN NAME Nellie B. Pryor

16. BIRTHPLACE (city or town) Deer Field (State or country) Va.

17. INFORMANT Alfred R. Raines (Address) Kempton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Kempton Date July, 1940

19. UNDERTAKER Alfred Raines acting (Address)

20. FILED 7-26, 1940 Elmore Shafer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) - 26 (Day) - 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward E. Sollers M. D.

(Address) Kempton W. Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-7) Reg. Dist. No. 166

CERTIFICATE OF DEATH

07649

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Rural - Deer Park,
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in this community (yrs., mos., or days) 29 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town Rural - Deer Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Mi. So. Deer Park, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) **FULL NAME** Anna Elizabeth (Fitzwater) Riley

3 (b) If veteran, name war ---

3 (c) Social Security No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Audley W. Riley

6. (c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): July 15, 1910

8. AGE: Years: 29 | Months: 11 | Days: 20 | If less than one day: ____hr. ____min.

9. Birthplace: Swanton; Garrett Co., Md.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER
12. Name: James A. Fitzwater
13. Birthplace: Swanton, Maryland.

MOTHER
14. Maiden Name: Ada B. Howell
15. Birthplace: Swanton, Maryland.

16 (a) Informant: Audley W. Riley
(b) Address: R. D. Deer Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1940 (month) (day) (year)
(c) Cemetery or crematory: White Church
Location: 5 miles So. Mt. Lake Park

18 (a) Funeral director: Herbert C. Leighton
(b) Address: Oakland, Maryland.

19 (a) July 8, 1940 (Date rec'd by registrar) Julia Keenan Registrar

MEDICAL CERTIFICATION

20. Date of death July 5, 1940, at 3:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1940, to July 5, 1940, and that I last saw him alive on July 5, 1940.

Immediate cause of death	Duration
Carcinoma of Liver	3
Due to (Primary)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. L. Reeves M.D. M. D. or other
Address Westernport, Md. Date signed 7/9/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

CERTIFICATE OF DEATH

07650

Reg. Dist. No. 166

1. PLACE OF DEATH:
County: Garrett
City or town: Near Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): since 1918.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Near Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sallie Lucy Roth.

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife: Alfred L. Roth.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September. 15th 1865.

8. AGE: Years	Months	Days	If less than one day
74	10	17.	hrs. min.

9. Birthplace: Columbia, Va.
(Town, county, and state)
10. Usual occupation: House wife.
11. Industry or business
FATHER 12. Name: Richard Nicholson.
13. Birthplace: Virginia. Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Mrs. Kate Jones.
Address: Akron, Ohio.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 1st, 1940 (month) (day) (year)
Cemetery or crematory: Oakland, Cemetery.
Location: Oakland, Maryland.
18. Funeral director: Emroy D. Bolden.
Address: Oakland, Md.
19. 8/1 (Date rec'd by registrar) 1940 Julia Rowan Registrar

MEDICAL CERTIFICATION A. M.

20. DATE OF DEATH: July 31st 1940 19 2:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3, 1940, to July 30, 1940, and that I last saw her alive on July 30 1940.

Immediate cause of death	DURATION
Carcinoma of the stomach	2 yrs.
Due to: Bronchopneumonia	2 days
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. E. Mance, MD
M. D. or other
Address: Oakland md Date signed: 8-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 07651

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garett
City or town Swanton R.D. 2 (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Garett
City or town Swanton R.D. 2 Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. 2 (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Thomas Perry Wilt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Wilt
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) September 3, 1861

8. AGE: Years	Months	Days	If less than one day
79	10	4	hrs. min.

9. Birthplace Swanton R.D. 2 (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name George T. Wilt
13. Birthplace Md.
MOTHER 14. Maiden name Mary Hoover
15. Birthplace Md.
16. Informant Mrs. Elizabeth Wilt
Address Swanton R.D. 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9, 1940 (month) (day) (year)
Cemetery or crematory Frankville Cemetery
Location Frankville, Md.
18. Funeral director Wm A Winterberg
Address Grantsville, Md.
19. July 9 1940 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 at 9A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1940 to July 6 1940, and that I last saw him alive on June 23 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage with Hemiplegia right	2 Weeks
Due to Hypertension	
Due to Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul A. Wilson, M.D. M. D. of other
Address Piedmont, W.Va. Date signed 7-6-40

RECEIVED
AUG 2 1940
U. S.